

VALLEY MOTORS, INC.
9800 YORK ROAD
COCKEYSVILLE, MD. 21030
PHONE: 410-666-4126 FAX: 410-667-4913

app 6/22/15

*** PRELIMINARY ESTIMATE ***

05/18/2015 12:52 PM

Owner

Owner: RICHARD CALICE
Address:

Work/Day: (248)506-2138

Inspection

Inspection Date: 05/18/2015 12:52 PM

Inspection Type:

Appraiser Name: STEVE EDENS
Address:

Appraiser License # :

Work/Day: (410)666-4126

Home/Day: (410)666-7777x126

FAX: (410)667-4913

City State Zip:
Email: SEDENS@VALLEYMOTORS.COM

Repairer

Repairer: VALLEY MOTORS, INC.
Address: 9800 YORK ROAD

Contact:

Work/Day: (410)666-4112

Work/Day: (410)666-4126

FAX: (410)667-4913

City State Zip: COCKEYSVILLE,, MD
21030-4992

Vehicle

2013 Subaru Outback 2.5i Premium 4 DR Wagon
4cyl Gasoline 2.5
Continuously Variable Tr

Lic Expire:
Veh Insp# :
Condition:
Ext. Refinish: Two-Stage

VIN: 4S4BRBCCXD3253066
Mileage Type: Actual
Code: F2284A
Int. Refinish: Two-Stage

Options

2nd Row Head Airbags
Alarm System
Auto Headlamp Control
Cargo/Trunk Mat
Daytime Running Lights
Fog Lights
Heated W/S Wiper Washers
Keyless Entry System
Lighted Entry System
Pelvic Airbags
Power Drivers Seat
Power Windows
Rear Step Bumper
Rem Trunk-L/Gate Release

AM/FM CD Player
Aluminum/Alloy Wheels
Bodyside Cladding
Center Console
Dual Airbags
Halogen Headlights
Illuminated Visor Mirror
Leather Shift Knob
MP3 Decoder
Power Brakes
Power Mirrors
Pwr Driver Lumbar Supp
Rear Window Defroster
Roof/Luggage Rack

Air Conditioning
Anti-Lock Brakes
Bucket Seats
Cruise Control
Floor Mats
Head Airbags
Intermittent Wipers
Leather Steering Wheel
Overhead Console
Power Door Locks
Power Steering
Rear Spoiler
Rear Window Wiper/Washer
Side Airbags

105A Beaver Court
Hunt Valley, MD 21030

FRANKEL
MIDATLANTIC
COLLISION CENTER

WE WORK HARDER TO MAKE IT PERFECT!

Fed. I.D. # 52-1578149

Phone: (410) 667-8555

Fax: (410) 667-8557

CUSTOMER NO. 113974	ADVISOR JOSEPH MOYE	TAG NO. 1512 2514	INVOICE DATE 05/22/15	CELL: 248-506-2138
TONY CALICE 10 RINGLEAK HUNT VALLY, MD 21030	LABOR RATE	LICENSE NO. 5AY4245	MILEAGE 61,361	INVOICE NO. ACCB358245
	YEAR / MAKE / MODEL 13/SUBARU/OUTBACK/	COLOR BLUE/	DELIVERY DATE	STOCK NO.
	VEHICLE I.D. NO. 4 S 4 B R B C C X D 3 2 5 3 0 6 6	DELIVERY DATE	DELIVERY MILES	
	F.T.E. NO.	P.O. NO.	SELLING DEALER NO.	PRODUCTION DATE
RESIDENCE PHONE	BUSINESS PHONE	COMMENTS	R.O. DATE 05/19/15	

TOTALS-----
YOUR VEHICLE WAS WASHED.
THE FOLLOWING LIMITED WARRANTY APPLIES: 12 MONTHS OR 12,000
MILES ON PARTS AND LABOR FROM THE DATE OF THE REPAIR ORDER.
CHECK OUT OUR WEB SITE AT WWW.FRANKELACURA.COM

CASH	CHK#	VISA/MC	AMEX
DATE	5/22/15		
CASHIER	<i>aw</i>		

THANK YOU FROM ALL OF US AT FRANKEL ACURA!

TOTAL LABOR....	335.38
TOTAL PARTS....	0.00
TOTAL SUBLET...	339.95
TOTAL G.O.G....	0.00
TOTAL MISC CHG.	123.00
TOTAL MISC DISC	0.00
TOTAL TAX.....	27.78
TOTAL INVOICE \$	826.11

DISCLAIMER OF WARRANTIES
Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. Any limitation contained herein does not apply where prohibited by law.

WARRANTY: LABOR AND PARTS 12 MONTHS OR 12,000 MILES, WHICHEVER OCCURS FIRST.

TERMS ARE: CASH, CHECK, M.C., VISA OR AM EXP.

CARS MUST BE PICKED UP BEFORE 5 PM ONLY.

CUSTOMER ACKNOWLEDGES RECEIPT OF COPIES THEREOF

X _____

CUSTOMER SIGNATURE _____

**FRANKEL MID ATLANTIC COLLISION
CENTER**

105A BEAVER CT, HUNT VALLEY, MD 21030
Phone: (410) 667-8555
FAX: (410) 667-8557

Workfile ID: 2a1064cc
Federal ID: 52-1578149

Preliminary Estimate

Customer: CALICE, TONY

Written By: Joe Moye

Insured: CALICE, TONY
Type of Loss:
Point of Impact:

Policy #:
Date of Loss:

Claim #:
Days to Repair: 0

Owner:
CALICE, TONY

10 RINGLEAK
HUNT VALLEY, MD 21030
(248) 506-2138 Cell

Inspection Location:
FRANKEL MID ATLANTIC COLLISION
CENTER
105A BEAVER CT
HUNT VALLEY, MD 21030
Repair Facility
(410) 667-8555 Day

Insurance Company:

VEHICLE

Year: 2013
Make: SUBA
Model: OUTBACK PREMIUM
Color: BLUE Int:

Body Style: 4D WGN
Engine: 4-2.5L-FI
Production Date:
Condition:
VIN: 4S4BRBCCXD3253066
License: 5AY4245
State: MD
Job #:

Mileage In:
Mileage Out:
Vehicle Out:

TRANSMISSION

6 Speed Transmission
4 Wheel Drive

POWER

Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Heated Mirrors
Power Driver Seat

DECOR

Dual Mirrors
Privacy Glass
Console/Storage

Overhead Console

CONVENIENCE

Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Alarm
Message Center
Steering Wheel Touch Controls
Rear Window Wiper
Telescopic Wheel

RADIO

AM Radio

FM Radio

Stereo
Search/Seek
CD Player
Auxiliary Audio Connection

SAFETY

Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Front Side Impact Air Bags
Head/Curtain Air Bags
Hands Free Device

ROOF

Luggage/Roof Rack

SEATS

Cloth Seats
Bucket Seats
Heated Seats

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

OTHER

Fog Lamps
Traction Control
Stability Control
Rear Spoiler



**U.S. Citizenship
and Immigration
Services**

Date: **OCT 09 2014**

Richard A. Calice Jr.
10 Ringleaf Ct.
Cockeysville, MD 21030

Dear Mr: Calice:

The U.S. Citizenship & Immigration Services (USCIS), Office of Security & Integrity (OSI) has reviewed the information you provided on your Standard Form 85P, "Questionnaire for Public Trust Positions," dated May 9, 2014, and your written response to OSI, regarding a position as a Requirements Visualization Modeler on the contract between USCIS and TeraCore Inc.

On May 21, 2014, OSI served you a Letter of Interrogatory (LOI) regarding a financial concern which required resolution with a response deadline of June 5, 2014. The United States Postal Service tracking records indicate the LOI was delivered to your address of record on May 24, 2014.

On June 5, 2014, an additional 15 calendar days was granted at your request, to allow you to provide a complete response to this office. On June 11, 2014, OSI received a partial response to its LOI.

On June 12, 2014 you were advised via telephone that additional documentation was needed and must be received by OSI on or before June 20, 2014. OSI received additional information; however it did not resolve the financial concern.

As referenced in the contract between USCIS and TeraCore Inc., USCIS reserves the right to deny and/or restrict the facility and information access of any contractor employee whose actions are in conflict with federal regulations or whom USCIS determines to present a risk of compromising sensitive government information to which he or she would have access under the contract. Based upon the current available information of record, OSI has determined you are not suitable or eligible for access to USCIS facilities or information.

This letter is based on information included in your credit report(s) previously provided to you in a letter dated, May 21, 2014, which was obtained under the provisions of the Fair Credit Reporting Act. The consumer reporting agency (CRA) provided this information for employment purposes, which is permissible under the Act. The decision to take this action is entirely that of USCIS.



Burns & Wilcox
40 Years of Excellence

120 Kaufman Financial Center, 30833 Northwestern Hwy,
Farmington Hills, MI 48334
Phone: 248-932-9030 Fax: 248-932-9060

TO: Mason McBride
RE: Tony Calice

DATE: 1/26/2015
Page 2 of 2

DL 24 01 - Personal Liability
DL 24 11 - Premises Liability
LMA5020 - Service of Suit
LMA5021 Applicable Law USA
NMA362 - 90% Coinsurance Clause
TOTALLOSSMEP 2011 - Total Loss Earned Premium Clause

CONDITIONS: PLEASE REVIEW THIS CAREFULLY AS IT MAY DIFFER FROM COVERAGES AND LIMITS REQUESTED.

RATING INFORMATION:

Year Built: 1947, fully updated Construction: Masonry Protection Class: 3
Occupancy: Tenant/Primary Families: 1

SUBJECT TO:

Satisfactory Signed And Dated Acord Application At Binding
Copy of Replacement Cost Estimate
Lease

Favorable Inspection Within 30 Days Of Binding Coverage

THE ABOVE COVERAGES ARE THE ONLY COVERAGES OFFERED. ANY COVERAGE REQUESTED IN THE APPLICATION THAT DIFFERS FROM THE ABOVE IS NOT INCLUDED. THE INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS, LIMITATIONS, AND FORMS OF THE POLICY(S) IN CURRENT USE BY THE COMPANY.

PAYMENT: DUE IN 30 DAYS FROM EFFECTIVE DATE.

**WE APPRECIATE YOUR BUSINESS. NO BINDING AUTHORITY IS CONVEYED TO ANY AGENT.
FLAT CANCELLATIONS NOT ALLOWED. QUOTATION IS GOOD FOR 30 DAYS.**

B&W PRODUCER: Tim Puffer

Split Folding Rear Seat
Tachometer
Tire Pressure Monitor
Trip Computer
Wireless Audio Streaming

Stability Cntrl Suspensn
Tilt & Telescopic Steer
Tonneau/Cargo Cover
USB Audio Input(s)
Wireless Phone Connect

Strg Wheel Radio Control
Tinted Glass
Traction Control System
Velour/Cloth Seats

Damages

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ%	B%	Hours	R
Stripes And Mouldings										
1	RI	98		Mldg,Qtr Whl Opening RT	R & I Assembly				0.2	SM
Inner Quarter & Panels										
2	RI	278		Pnl,Inner Qtr Trim LT	R & I Assembly				0.6	SM
3	RI	279		Pnl,Inner Qtr Trim RT	R & I Assembly				0.4	SM
Rear Bumper										
4	E	566		Cover,Rear Bumper	57704AJ07A	\$254.95			0.7	SM
5	L	566	13	Cover,Rear Bumper	Refinish				3.5	RF
					2.4 Surface					
					0.6 Two-stage setup					
					0.5 Two-stage					
6	E	1323		Clip,Rear Bumper	MULTI-PART	\$24.70			INC	SM
7	E	1364		Clip,Rear Bumper LT	MULTI-PART	\$7.41			INC	SM
8	E	1365		Clip,Rear Bumper RT	MULTI-PART	\$7.41			INC	SM
9	E	576		Brkt,RR Bmpr Inr Upr RT	57707AJ34A	\$15.05			0.1	SM
10	E	552		Brkt,Rear Bumper Mtg RT	57707AJ42B	\$15.90			1.3	SM
11	E	451		Pad,Rear Bumper Step	E771SAJ000	\$69.95			INC	SM
12	E	48		Reflector,Rear Bumper RT	84281AJ00A	\$17.13			INC	SM

Manual Entries

13	N			HAZARD. WSTE. REM.	Additional Labor	\$7.50*				SM
14	N			FLEX ADDITIVE	Additional Labor				0.3*	RF
15	I			CAR	Repair					SM*

>> CAR MAY HAVE HIDDEN DAMAGE WHEN TAKING APPART

15 Items

MC Message

13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

Estimate Total & Entries

Gross Parts	\$412.50	
Other Parts	\$7.50	
Paint & Materials	\$106.40	
Parts & Material Total		\$526.40
Tax on Parts & Material	@ 6.000%	\$31.58

Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs	
Sheet Metal (SM)	\$42.00	3.3		3.3	\$138.60
Mech/Elec (ME)	\$132.00				
Frame (FR)	\$45.00				
Refinish (RF)	\$42.00	3.5	0.3	3.8	\$159.60
Paint & Materials	\$28.00				

105A Beaver Court
Hunt Valley, MD 21030

FRANKEL
MIDATLANTIC
COLLISION CENTER

WE WORK HARDER TO MAKE IT PERFECT!

Fed. I.D. # 52-1578149

Phone: (410) 667-8555

Fax: (410) 667-8557

CELL: 248-506-2138

CUSTOMER NO. 113974	ADVISOR JOSEPH MOYE	TAG NO. 1512	INVOICE DATE 05/22/15	INVOICE NO. ACCB358245
TONY CALICE 10 RINGLEAK HUNT VALLY, MD 21030	LABOR RATE	LICENSE NO. 5AY4245	MILEAGE 61,361	COLOR BLUE/
	YEAR / MAKE / MODEL 13/SUBARU/OUTBACK/			DELIVERY DATE
	VEHICLE I.D. NO. 4 S 4 B R B C C X D 3 2 5 3 0 6 6			DELIVERY MILES
	F.T.E. NO.			SELLING DEALER NO.
RESIDENCE PHONE	BUSINESS PHONE	COMMENTS	R.O. DATE 05/19/15	PRODUCTION DATE

MO: 61361

LABOR & PARTS-----
J# 1 99ACZZBODY26 BODYREPAIR26 TECH(S):1374 2211 154.98
REPAIR BODY PER ESTIMATE
BODY REPAIR OPERATION
REPAIRED PER ESTIMATE

JOB # 1 TOTAL LABOR & PARTS 154.98

J# 2 99ACZZPAINT26 REFINISH26 TECH(S):1374 1467 180.40
REFINISH PER ESTIMATE
REFINISH OPERATION
REFINISHED PER ESTIMATE

JOB # 2 TOTAL LABOR & PARTS 180.40

SUBLET-----PO#-----VEND INV#-INV.DATE-DESCRIPTION-----
JOB # 1 148366 468680 05/21/15 57707AJ34A BRKT 15.05
JOB # 1 148366 468680 05/21/15 57704AJ07A BMPR 0.00
JOB # 1 148367 468752 05/21/15 57704AJ07A BMPR 254.95
JOB # 1 148388 468825 05/21/15 E771SAJ000 STEPPAD 69.95
TOTAL - SUBLET 339.95

MISC-----CODE-----DESCRIPTION-----CONTROL NO-----
JOB # 2 PM PAINT MATERIALS 123.00
TOTAL - MISC 123.00

ESTIMATE-----
CUSTOMER HEREBY ACKNOWLEDGES RECEIVING
ORIGINAL ESTIMATE OF \$0.00 (+TAX)

COMMENTS-----
CUST PAY...JOE
DROPPED OF 5/19/15 @ 5:15
JOE ORDERING PARTS 5/19
RR COVER IN PAINT 05/21/15 @ 10:00AM. ST
RECD REQ FROM JOE M. TO ORDER STEPPAD 05/21/15 @ 10:20AM. ST
PARTS IN CAR 5/21/15. ST
SPOKE TO CUST - ADVISED CAR IS DONE - 5/22 - 4:00 -JM
CUST OWES BALANCE e\$826.11

DISCLAIMER OF WARRANTIES

Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. Any limitation contained herein does not apply where prohibited by law.

WARRANTY: LABOR AND PARTS 12 MONTHS OR 12,000 MILES, WHICHEVER OCCURS FIRST.

TERMS ARE: CASH, CHECK, M.C., VISA OR AM EXP.

CARS MUST BE PICKED UP BEFORE 5 PM ONLY.

CUSTOMER ACKNOWLEDGES RECEIPT OF COPIES THEREOF

X _____

Thank you for this opportunity to serve you.

Our goal is to maintain your automobile to the highest

standards possible. If we have failed to achieve

this goal, please tell us immediately.

Preliminary Estimate

Customer: CALICE, TONY

Vehicle: 2013 SUBA OUTBACK PREMIUM 4D WGN 4-2.5L-FI BLUE

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	REAR BUMPER						
2		O/H bumper assy				1.5	
3	Repl	Bumper cover	57704AJ07A	1	254.95	Incl.	2.6
4		Add for Clear Coat					1.0
5	Repl	RT Side bracket	57707AJ34A	1	15.05	0.1	
6	*	R&I Step pad Subaru accessory				<u>0.3</u>	
7	#	FLEX ADDITIVE		1	10.00 T		
8	#	HAZARDOUS WASTE REMOVAL		1	3.00		
SUBTOTALS					283.00	1.9	3.6

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			273.00
Body Labor	1.9 hrs @	\$ 44.00 /hr	83.60
Paint Labor	3.6 hrs @	\$ 44.00 /hr	158.40
Paint Supplies	3.6 hrs @	\$ 30.00 /hr	108.00
Body Supplies	0.1 hrs @	\$ 3.00 /hr	0.30
Miscellaneous			10.00
Subtotal			633.30
Sales Tax	\$ 391.00 @	6.0000 %	23.46
Grand Total			656.76
Deductible			0.00
CUSTOMER PAY			0.00
INSURANCE PAY			656.76

THE ABOVE IS AN ESTIMATE BASED ON OUR INSPECTION AND DOES NOT COVER ADDITIONAL PARTS OR LABOR WHICH MAY BE REQUIRED AFTER THE WORK HAS BEEN OPENED UP. OCCASIONALLY, AFTER WORK HAS STARTED, WORN, BROKEN OR DAMAGED PARTS ARE DISCOVERED WHICH ARE NOT EVIDENT ON FIRST INSPECTION. QUOTATIONS ON PARTS AND LABOR ARE CURRENT AND SUBJECT TO CHANGE!!!!!!!!!!!!!! FRANKEL MID ATLANTIC OFFERS NATIONAL LIMITED LIFETIME REPAIR WARRANTY FOR WORKMANSHIP, INCLUDING REFINISHING FOR ALL COMPLETED REPAIRS FOR AS LONG AS THE CUSTOMER OWNS THE VEHICLE.

RENTAL VEHICLES ARE AVAILABLE THROUGH LOCAL RENTAL COMPANIES. WE DO NOT HAVE NOR DO WE FURNISH REPLACEMENT VEHICLES.YOUR UNDERSTADING IS APPRECIATED.

Richard A. Calice Jr.

Page 2

The CRA played no role in our decision and is unable to provide the specific reasons this action was taken.

If you disagree with the accuracy or completeness of any information in your credit reports, you may contact:

Experian
701 Experian Parkway
PO Box 2002
Allen, TX 75013
(888) 397-3742

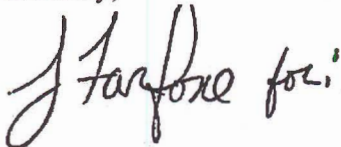
Transunion
2 Baldwin Place
PO Box 1000
Chester, PA 19022
(800) 888-4213

Equifax Information Services LLC
PO Box 740241
Atlanta, GA 303740241
(800) 685-1111

You may also obtain a free copy of your credit report within 60 days of the date of our action by calling or writing to the above addresses.

This decision results in denial of your access to USCIS facilities and information on the USCIS contract only. Any questions you may have concerning your employment should be addressed to your contract employer.

Sincerely,

A handwritten signature in black ink that reads "J Farfane for:". The signature is written in a cursive, flowing style.

K. McGuire
Chief, Contract Security Branch

Preliminary Estimate

Customer: CALICE, TONY

Vehicle: 2013 SUBA OUTBACK PREMIUM 4D WGN 4-2.5L-FI BLUE

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide ARL7526, CCC Data Date 5/14/2015, and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OPT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor information provided by MOTOR may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM or A/M. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2015 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a complete list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category. X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Information Services Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.

Bottom up income

Policy on with standards, precise community on with standards, ~~standards~~

what - Data - ~~skill~~ - innovation - ~~from~~

Visual Regime - Updated - Understanding

improvement

Reduce the Cognitive asks

low

that

high

high

costs

swimming

in

Translating



Burns & Wilcox

40 Years of Excellence

120 Kaufman Financial Center, 30833 Northwestern Hwy,
Farmington Hills, MI 48334
Phone: 248-932-9030 Fax: 248-932-9060

TO: Mason McBride
RE: Tony Calice

DATE: 1/26/2015
Page 1 of 2

WE ARE PLEASED TO OFFER THE FOLLOWING QUOTATION:

LOCATION(S) OF RISK:

#1: 620 Catalpa Drive, Royal Oak , MI

PROPOSED EFFECTIVE PERIOD: 03/27/2015 AT 12:01 AM TO 03/27/2016 AT 12:01 AM STD TIME AT RISK LOCATION.

FORM OF COVERAGE: DWELLING OCCURRENCE
DP-3

INSURER(S)

Line of Business	Suppliers(s)	Participation
Dwelling	Certain Underwriters at Lloyds (330.444)	100.00%

LIMITS/DEDUCTIBLES:

Loc	Sub Coverage	Limit(s)	Deductible(s)	Co Ins
1	Dwelling-Special-RCV	\$249,000	1,000 Each & Every Loss	90%
1	Other Structures-RCV	\$24,900		
1	Personal Property-Broad-RCV	\$5,000		
1	Fair Rental Value	\$12,000		
1	Premises Liability	\$300,000		
1	Medical Payments	\$1,000		

TOTAL CHARGES:

Premium:	\$	1,025.00	
Fee:	\$	59.00	Policy Fee (fully earned)
Tax:	\$	25.63	Surplus Lines Tax
TOTAL:	\$	1,109.63	

TERM MINIMUM PREMIUM

25% EARNED = \$256.25

COMMISSION:

EXCLUSIONS:

Per Endorsements Below

* NOTE: THIS INSURANCE IS NOT INTENDED TO COVER THE FOLLOWING CONSTRUCTIONS: EIFS (External Insulation & Finish System) or EIFS derived cladding including but not limited to external finishing commonly known as Synthetic Stucco, Dryvit, Synergy or Parex, however, we do provide quotes for these constructions.

ENDORSEMENTS:

SOFAE (02/05) Schedule of Forms
LLOYD1HO (06/08) Declaration Page
LPG1 10-95 Lloyd's Jacket
BW26 04-07 - Minimum Earned Premium
BW2004PL 03-06 - PERSONAL LINES COMBINATION ENDORSEMENT (including Mold Exclusion, Date Change Exclusion, Several Liability, Lloyd's Privacy Statement, 30 Days Cancellation, Radioactive Exclusion, Seepage &/or Pollution Exclusion, Electronic Data Endorsement, War & Terrorism Exclusion & Biological or Chemical Exclusion)
ATVEXCLDP - All Terrain Vehicle Exclusion (liability)
HOLIABEXCL HIS3 DL - excluding but not limited to animals, asbestos, assault & battery, corporal punishment, employers liability, lead, mold, molestation, pollution, radon, punitive damages, non-compliant swimming pools.
DP 00 03 (12/02) - Dwelling Property 3 - Special Form EXCL EARTHQUAKE & FLOOD
DP 01 21 Special State Provisions
DL 25 21 Special State Provisions
DL 24 16 - DAYCARE EXCLUSION

How do you keep ideas fresh / Alive

Injecting into design

Brain Storm → 1 idea
Bayer (19)

Inner circle
vs

Scale vs Re-use

ENDORSEMENTS

LOC #	COVERAGE CODE	LIMIT #1	LIMIT #2	DED	DED TYPE	RATE	PREMIUM	
1	OLDDW			\$	%			
COINS %	ENDORSEMENT FORM	ED. DATE	TYPE OF COVERAGE		DESCRIPTION			
					Older Home/Dwelling surcharge			
LOC #	COVERAGE CODE	LIMIT #1	LIMIT #2	DED	DED TYPE	RATE	PREMIUM	
1	STSR1			\$	%		\$24.90	
COINS %	ENDORSEMENT FORM	ED. DATE	TYPE OF COVERAGE		DESCRIPTION			
					State surcharge 1			
LOC #	COVERAGE CODE	LIMIT #1	LIMIT #2	DED	DED TYPE	RATE	PREMIUM	
1	POLFE			\$	%		\$58.00	
COINS %	ENDORSEMENT FORM	ED. DATE	TYPE OF COVERAGE		DESCRIPTION			
					Policy Fee			
LOC #	COVERAGE CODE	LIMIT #1	LIMIT #2	DED	DED TYPE	RATE	PREMIUM	
1	BVMM			\$	%			
COINS %	ENDORSEMENT FORM	ED. DATE	TYPE OF COVERAGE		DESCRIPTION			
					Building - V and MM			
LOC #	COVERAGE CODE	LIMIT #1	LIMIT #2	DED	DED TYPE	RATE	PREMIUM	
				\$	%			
COINS %	ENDORSEMENT FORM	ED. DATE	TYPE OF COVERAGE		DESCRIPTION			
LOC #	COVERAGE CODE	LIMIT #1	LIMIT #2	DED	DED TYPE	RATE	PREMIUM	
				\$	%			
COINS %	ENDORSEMENT FORM	ED. DATE	TYPE OF COVERAGE		DESCRIPTION			
LOC #	COVERAGE CODE	LIMIT #1	LIMIT #2	DED	DED TYPE	RATE	PREMIUM	
				\$	%			
COINS %	ENDORSEMENT FORM	ED. DATE	TYPE OF COVERAGE		DESCRIPTION			
LOC #	COVERAGE CODE	LIMIT #1	LIMIT #2	DED	DED TYPE	RATE	PREMIUM	
				\$	%			
COINS %	ENDORSEMENT FORM	ED. DATE	TYPE OF COVERAGE		DESCRIPTION			
LOC #	COVERAGE CODE	LIMIT #1	LIMIT #2	DED	DED TYPE	RATE	PREMIUM	
				\$	%			
COINS %	ENDORSEMENT FORM	ED. DATE	TYPE OF COVERAGE		DESCRIPTION			

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS		YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17)		YES	NO
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including day/child care) If "Yes", list gross receipts: \$			X	14. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)			X
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)			X	15. IS THERE A MANAGER ON THE PREMISES?			X
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?			X	RENTERS AND CONDOS ONLY: 16. IS THERE A SECURITY ATTENDANT?			X
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?			X	17. IS THE BUILDING ENTRANCE LOCKED?		X	
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)			X	18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?			X
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?			X	19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)			X
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)	X			20. IS HOUSE FOR SALE?			X
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?			X	21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?			X
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)			X	22. IS THERE A TRAMPOLINE ON THE PREMISES?			X
10. DISTANCE TO TIDAL WATER: <input type="checkbox"/> Miles <input type="checkbox"/> Feet				23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?			X
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)			X	24. ANY LEAD PAINT HAZARD?			X
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)			X	25. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit)			X
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)			X	26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?			X

LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 5 YEARS, AT THIS OR AT ANY OTHER LOCATION?

☐ YES ☒ NO IF YES, INDICATE BELOW

APPLICANT'S INITIALS:

DATE	TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT

ADDITIONAL INTEREST

INT #	X	MORTGAGE	NAME AND ADDRESS	LOAN NUMBER
		ADDL INT	First State Bank ISAOA PO Box 57046 Irvine CA 92619-7046	1420675876

REMARKS (Attach Additional Sheets If More Space Is Required)

7) PRIOR POLICY ATRR240505 CANCELLED EFF 03/27/12 AS REWRITTEN FROM VACANT TO TENANT OCCUPIED.

ATTACHMENTS

	PHOTOGRAPH	RECREATIONAL VEHICLE APP	X	LEASE AGREEMENT
	STATE SUPPLEMENT(S) (If applicable)	SOLID FUEL SUPPLEMENT		
	INLAND MARINE APPLICATION	PROTECTION DEVICE CERTIFICATE		
X	REPLACEMENT COST ESTIMATE	PER'S EXCESS/UMBRELLA APP		

BINDER/SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM	
	NOON	
<input type="checkbox"/> COVERAGE IS NOT BOUND		

APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states; consult your agent or broker for your state's requirements.)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, MA, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied.)

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
X	2/27/2015	<i>[Signature]</i>	



DWELLING FIRE APPLICATION

DATE (MM/DD/YYYY)

2/27/2015

AGENCY	PHONE (A/C, No, Ext): (248) 822-7170 FAX (A/C, No): (248) 822-7150	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) R. Tony & Melissa Calice 43 Winterberry Ct. Cockeysville MD 21030		NAIC CODE	FACILITY CODE
Mason McBride, Inc 3290 West Big Beaver Road #503 P.O. Box 7028 Troy MI 48007-702		DATE AT CURR RES		POLICY # 491617	
CODE:		CO/PLAN Lloyds of London		HOME PHONE # (248) 506-2138	
SUBCODE:		EFFECTIVE DATE 3/27/2015	EXPIRATION DATE 3/27/2016	BUSINESS PHONE # (989) 397-4524 xAtty	<input checked="" type="checkbox"/> DAY <input type="checkbox"/> EVE
AGENCY CUSTOMER ID 00039936					

APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years)		YRS AT PREV ADDR	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP) 620 Catalpa DR Royal Oak MI 48067 Oakland					
APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS		YEARS IN CURR OCC	YEARS W/ CURR EMP	YEARS W/ PRIOR EMP	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
Unemployed						M	12/12/1978	383-86-2186
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS		YEARS IN CURR OCC	YEARS W/ CURR EMP	YEARS W/ PRIOR EMP	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
Social Worker	2334 Trautner Dr Saginaw MI 48604		3			M	12/1/1974	376-84-6196
HOW LONG HAVE YOU KNOWN THE APPLICANT?			DATE AGENT LAST INSPECTED PROPERTY:					

COVERAGES/LIMITS OF LIABILITY		FIRE	FIRE & EC	FIRE, EC & VMM	<input checked="" type="checkbox"/> BROAD	SPECIAL	PREMIUM
POLICY TYPE	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	RENTAL VALUE \$ 12,000 ADDITIONAL EXPENSE	PERSONAL LIABILITY EACH OCCURRENCE \$ 500,000	MEDICAL PAYMENTS EACH PERSON \$ 1,000	EST TOTAL PREMIUM \$ 1,078.90 DEPOSIT BALANCE
DED (Type & Amount)	<input checked="" type="checkbox"/> ALL PERIL	\$1,000	WIND/HAIL	THEFT	NAMED HURRICANE*		

* Not Applicable in NC

ENDORSEMENTS

See Attached

PAYMENT PLAN

 ACORD 610 Attached (NOT APPLICABLE IN NC)

ACCOUNT #:	MAIL POLICY TO:	
BILLING	IF DIRECT BILL:	IF APPLICANT BILL:
<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> BILL APPLICANT	<input checked="" type="checkbox"/> FULL PAY
<input checked="" type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE	

RATING/UNDERWRITING

FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAMILIES	# HSEHLD RES	PURCHASE DATE/PRICE
<input checked="" type="checkbox"/> MASONRY	VINYL SIDING	1947		\$ 200,000	<input checked="" type="checkbox"/> DWELLING	<input checked="" type="checkbox"/> PRIMARY	<input type="checkbox"/> COC	1		12/2005
<input type="checkbox"/> MASONRY VENEER	ALUMINUM SIDING	SQ FT	# APTS	REPLACEMENT COST	<input type="checkbox"/> APART	<input type="checkbox"/> SECONDARY	COMP DATE:			\$234,000
<input type="checkbox"/> FIRE RES		1799		\$ 249,000	<input type="checkbox"/> CONDO	<input type="checkbox"/> SEASONAL				
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	PROTECTION DEVICE TYPE	HEAT TYPE	NONE	WIRING		<input checked="" type="checkbox"/> 90
114			3	1000 FT	SYSTEM SMOKE TEMP BURGLAR	PRIMARY Gas, natural		PLUMBING		<input checked="" type="checkbox"/> 05
FIRE/EC RATE			FIRE DISTRICT/CODE NUMBER	3 MI	CENTRAL DIRECT LOCAL	SECONDARY None	HOUSEKEEPING CONDITION	HEATING		<input checked="" type="checkbox"/> 11
					<input checked="" type="checkbox"/> X	GOOD		ROOFING		<input checked="" type="checkbox"/> 09
								EXTERIOR PAINT		47
DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC SYST)	CIRCUIT BREAKERS	FUSES	KNOB & TUBE OR ALUMINUM WIRING	PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOWN LEAKS	FOUNDATION	<input checked="" type="checkbox"/> CLOSED		
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	GOOD	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> OPEN <input type="checkbox"/> NONE			
DWELLING LOCATION	OCCUPANCY	<input checked="" type="checkbox"/> DEADBOLT	OIL STORAGE TANK LOCATION	SWIMMING POOL	WINDSTORM LOSS MITIGATION FEATURES					
<input checked="" type="checkbox"/> WITHIN CITY LIMITS	<input type="checkbox"/> OWNER <input type="checkbox"/> UNOCC	<input checked="" type="checkbox"/> FIRE EXT	INDOORS	<input type="checkbox"/> APPROVED FENCE						
<input type="checkbox"/> WITHIN FIRE DIST	<input checked="" type="checkbox"/> TENANT <input type="checkbox"/> VACANT	<input checked="" type="checkbox"/> VISIBLE TO NEIGHBORS	ABOVE GROUND ON MASONRY FLOOR	<input type="checkbox"/> DIVING BOARD						
<input type="checkbox"/> WITHIN PROT SUBURB			ABOVE GROUND NOT ON MASONRY FLOOR	<input type="checkbox"/> SLIDE						
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF	
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CLASS SPEC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		RESISTIVE	OTHER	composition	GOOD	
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:			RATING CREDITS		MANNED SECURITY OFF PREMISES THEFT EXCL	SPRINKLER	FIREPLACES (Enter Number)			
BASEMENT	GARAGE	BREEZEWAY	NON-SMOKER	LIGHTNING PROTECTION		PARTIAL	CHIMNEYS	PRE-FAB WOOD STOVE INSERT		
SQ FT	SQ FT	SQ FT				FULL	HEARTHES			

PRIOR COVERAGE

PRIOR CARRIER LLOYDS	PRIOR POLICY NUMBER 491617	EXPIRATION DATE 03/27/2015
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February 27, 2015

R.Tony & Melissa Calice
43 Winterberry Ct.
Cockeysville, MD 21030

RE: Dwelling Fire Insurance Renewal Application #491617

Dear Mr & Mrs Calice:

Your above Dwelling Fire policy is coming due for renewal on 03/27/2015. Based upon the information you have given us, we have determined that Lloyds of London offers the best coverage to meet your insurance needs at the most competitive price.

I have sent Mrs. Calice emails both on 01/26/2015 and 02/06/2015 requesting verification that you received the renewal quote with no reply. Enclosed is a renewal application. Please carefully read, make any correction necessary and then sign the documents and return them with your check for \$1,109.63 payable to Mason-McBride, Inc. along with a **copy of the current lease** in the envelope provided.

Coverage is not bound until the above documents, including payment, are received by the agency. Please see that we receive both the signed application and your check before your renewal date of 03/27/2015 as our agency does not have binding authority.

Thank you for entrusting your insurance needs to Mason-McBride, Inc. We look forward to providing many years of professional service to you and your family.

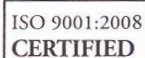
Sincerely,



Debbie Robinson
Account Manager

Enclosure

CC: Timothy R McLeod Attorney at Law



Received
3-2-15

BURKHART, PICARD, TIDERINGTON, & McLEOD, P.L.L.C.
ATTORNEYS AT LAW

OFFICE ADDRESS: 820 NORTH MICHIGAN AVENUE • SAGINAW, MICHIGAN 48602
MAILING ADDRESS: P.O. BOX 6055 • SAGINAW, MICHIGAN 48608
PHONE: (989) 753-4441 • FAX: (989) 753-7560 • E-MAIL: BPTM4@AMERITECH.NET

THOMAS D. BURKHART
CHRISTOPHER A. PICARD

JAMES TIDERINGTON
TIMOTHY R. McLEOD

March 9, 2015

Tony Calice
10 Ringleaf Court
Cockeysville, Maryland 21030

Re: Calice vs. Calice

Dear Mr. Calice,

Enclosed please find a copy of correspondence dated February 27th, 2015 and related attachments that I have received from Mason-McBride for the Dwelling Fire Insurance for the property located at 620 Catalpa, Royal Oak, Michigan for your information.

I will be submitting the premium payment of \$1,109.63 along with the application.

Yours Very Truly,

BURKHART, PICARD,
TIDERINGTON, & McLEOD, PLLC



TIMOTHY R. McLEOD

TRM:jab

Enclosures

CC: Melissa J. Calice